### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s)	dy E. Rea	rlon	RECEIVED		
II. Name of lobbyist's partnership, fi	1		OCT 3 1 2018		
(Name of partnership, fi	rm or corporation)		DEPARTMENT OF STATE		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
(Telephone)	( )	e-mail	·		
III. This statement covers: (Choose or reportable expense transactions which	h are not uttributable	to any one client).			
All reportable transactions occurring	g in the months prior to	the reporting date relative	to the following client:		
Protec	t the (rea	obbyist Registration Form)			
OR	icit as it appears on the D	oddylst Rogishiaion i o.ii.)			
All reportable transactions by the lounrelated to any particular client.	bbyist (including the lo	bbyist's family), or the lob	bying firm listed below which are		
IV. Date of Report April 25, 2018 Reports cover: activity from date of reg	Sistration to 3/31/18	July 25, 2018 [ activity from 4/1/18 to 6/			
October 31, 20 activity from 7/1/1		January 30, 2019 activity from 10/1/18 to			
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.	ed and no reportables form and submit it to t	e transactions made single the Secretary of State's Off	nce the last report.   Given State House, Room 204,		
VI. Check if additional reports are a	ttached:				
1f you have received fees or made					
☐ If you have paid an honorarium or Expense Reimbursement					
If you, your firm, or your family ha	as made political contri	butions, you must file Add	endnm C- Political Contributions		
Sworn Statement/Affirmation by Lol I have read RSA 15, RSA 15-B, RSA I and complete to the best of my knowle	4-C and RSA 664 and	hereby swear or affirm tha	t the foregoing information is true		
1		10/31/	2018 (Date)		
(Signature of lobbyist)  (Signature of lobbyist)  (Brint Name of lobbyist)	-don	,			

## STATE OF NEW HAMPSHIRE

E

SE

T

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

## RECEIVED

OCT 3 1 2018

1. Name of Lobbyist(s) Judy E. Rea	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client Protect the Grante S	nte Date 10/31/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified al to lobbying, including fees for services such as public advocacy, governincluding research, monitoring legislation, and related legal work. The reduced by any expenses:	ment relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting perior (This should equal the total of all prior monthly reports for this calendary).	iod b) \$ o b dar year)
c) Total of all fees received to date (Add lines a and b)	000 3,000
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to enthe lobbyist(s)/firm that are unrelated to any one client a separate reported in one of three categories of expenses: (a during the reporting period for salaries, benefits, support staff, and officindividual expenses where the expenditure was of \$25.00 or less (for explanch where the cost was \$25.00 or less, purchase of a pen with a value being lobbied, purchase of a ceremonial object given to a person being legislative reception of the subject of lobbying with a value great expenses for a legislative reception). Expenses for honorare contributions will be reported on separate addendums and should not be recorded.	each client and if expenditures are made by port may be filed for the lobbyist(s)/firm.  a) the aggregate total of all expenses paid lice expenses; (b) the aggregate total of all example: meals purchased during a business of less than \$10 that is given to the person obbied with a value of \$25.00 or less); and is reporting period of greater than \$25.00 for a value of greater than \$25, purchase of a greater than \$25, but not greater than \$50, riums, expense reimbursement, or political

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

b) \$ \_\_\_\_\_

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ı) s
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
·	\$
	\$
	\$
***************************************	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	rm that the foregoing information
(Stenature of lobbyist)  Judy E. Reachoo	10/31/2018 (Date)
(Print Name of lobbyist)	RECEIVED

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Judy E.	Reardon	1	OCT 3 1 2018
II. Name of lobbyist's partne				NEW HAMPSHIRE DEPARTMENT OF ST
(Name of partners) III. Name of Client Political Contributions For each political contributio client/lobbyist and lobbying	n that is reportable p	ursuant to RSA		
Full name of candidate:				
Amount of contribution \$l  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	contribution, provide a bution on the line abov	description of the	e goods or servic	es provided, and enter the e actual cost is not known,
Full name of candidate:	Vo Canana	unh. K	evin	
	•	0		ddle Name/Initial)
Amount of contribution \$	contribution, provide a bution on the line abov	a description of the	e goods or service	es provided, and enter the
Full name of candidate:	(Last Name)	(First Name)	(Mi	ddle Name/Initial)
Amount of contribution \$ 1	1100	Office Candi	date is Seeking	(rovernot

# Reardon, Judy - Attachment to Addendum C - Oct 31, 2018 Report

RECEIVED

OCT 3 1 2018

Full name of candidate: Share (Middle Name/Initial)

NEW HAMPSHIRE DEPARTMENT OF STATES

Name)	(First Na	ne)	(Middle Nar	me/Initial)			
Amount of cont	ribution\$_	110.60		_ Office Candi	date is Seeking 🤰	State Sun	ate_
If the contribution enter the actual cost is not know	cost of the	in-kind contribu	ition on the li	ne above for a	ne goods or servio mount of contrib	ces provided, oution. If the	and actual
Full name of car Name)	ndidate: (First Nai	me) Oran	(Middle Na	<b>ゴon</b> me/Initial)		(L	ast
Amount of cont	ribution\$_	lov		Office Candi	date is Seeking _	State Se	nate
If the contributi enter the actual cost is not know	l cost of the	in-kind contribu	ition on the li	ine above for a	ne goods or servi mount of contrib	ces provided, oution. If the	and actual
Full name of car	ndidate: (First Na		(Middle Na	3.11 me/Initial)		(L	ast
Amount of cont	tribution\$_	50		Office Cand	idate is Seeking	State Ser	iate_
If the contributi enter the actua cost is not know	l cost of the	in-kind contribu	ution on the l	ine above for a	he goods or servi imount of contrib	ces provided oution. If the	, and actual
Full name of ca	ndidate: (First Na	Chinture me)	(Middle Na	me/Initial)		(L	.ast
Amount of con	tribution\$_	100		Office Cand	idate is Seeking_	Executive	Course
enter the actua	I cost of the	kind contributio in-kind contribution estimated value	ution on the	line above for a	he goods or servi amount of contrib	ices provided bution. If the	, and actual
						<del></del> -	<del></del>

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of Pobbyist)  (Signature of Pobbyist)  (Date)
(Print Name of lobbyist)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE